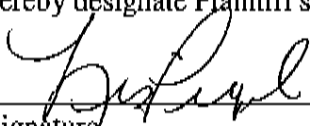


**CONSENT TO BECOME A PARTY PLAINTIFF**

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf to contest the failure of Kindred Healthcare, Inc. and/or its parent, subsidiary, predecessor, successor, affiliated, and related companies to pay me proper wages as required under state and/or federal law. I authorize the representative plaintiffs and designate such representatives as my agents to make decisions on my behalf concerning the litigation, the method of conducting this litigation, the entering of an agreement with Plaintiffs' counsel concerning attorneys' fees and costs, and all other matters pertaining to this lawsuit, and I also hereby designate Plaintiff's counsel, Klafter Olsen & Lesser LLP to represent me in the suit.

  
\_\_\_\_\_  
Signature

3/24/10  
Date

Lisa Pigecca  
\_\_\_\_\_  
Print Name

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**REDACTED**